PERSONNEL SECURITY ACTION REQUEST PACKET				DATE					
	(MILITARY)		OFFICE SYMBOL		REQUEST NUMBER				
TO THRU				FROM					
1. Name (Last, First, Middle)			2. ALIAS/MAIDEN			3. SSN			
4. ORGANIZATI	ON	5. POSITION TITLE			6. GRADE				
7. ACTION REQ	UESTED (Check applicable in	tems);							
a. Validatio	on of existing security clearance	e (Copy of DA	Form 873 attache	ed)					
b. Security	Clearance: TOP SECRET	SE	ECRET	<u>IN</u> TERIM (E	Explain i	n Remarks)			
c. CNWDI	Access: UNLIMITED	LI	MITED (Explain	in remarks)					
d. Investig	gation: NAC	BI	SBI _	BRI	ING-UP				
e. Other:									
a. SubjectFollowing D	ON FOR REQUEST (Check requires access to classifie uties	d information	n based on;	V 1		MOS			
	ilian occupying a sensitive								
c. Subject	requires an investigation h	ase on:							
	ORDS CHECKS (Attached) I								
	Citizenship verified by:								
	adverse information								
10. CONTACT T	THE FOLLOWING INDIVID	UAL IF ADI	DITIONAL INFO	RMATION IS R	EQUIRE	D:			
NAME		RA	ANK	TEI	LEPHON	E#			
10. REMARKS:									
INCL	NAME GRADE, TITLE OF	F AUTHORIZ	ED OFFICIAL	TELEPHONE	No.	SIGNATURE			

PERSONNEL SECUI	DATE									
ТО		FROM								
NAME OF SUBJECT (Last, First, Mid	dle)	SSN	UNI	Т						
A PERSONNEL SECURITY ACTION BELOW. IF ADVERSE INFORMATION			MARKED FOU							
ТО	FROM			DATE						
NO UNFAVORABLE/A	NO UNFAVORABLE INFORMATION IS LISTED BELOW: (Attach documentation, i.e., Art 15, etc.)									
CONSIDERED FOR A S I HAVE CONSIDERED	I HAVE CONSIDERED THE ABOVE INFORMATION, AND I T IS MY RECOMMENDATION THAT SUBJECT BE CONSIDERED FOR A SECURITY CLEARANCE. I HAVE CONSIDERED THE ABOVE INFORMATION, AND IT IS MY RECOMMENDATION THAT SUBJECT NOT BE CONSIDERED FOR A SECURITY CLEARANCE AT THIS TIME.									
		_	(SIGNAT	URE OF UNI	T COMMANDER)					

PERSONNEL SECURITY RECORDS CHECK (MILITARY PERSONNEL RECORDS							RECORDS	DATE		
ТО					FROM					
NAME OF SUBJECT (Last, First, Middle)				SSN		Į	UNIT			
A PERSONNEL SECURITY ACTIO BELOW. IF ADVERSE INFORMAT									FORMATION REQUESTED	
	(SIGNATURE OF REQUESTOR									
ТО		FROM								
PER YOUR REQUEST, THE FOLLO			AINE		M SUBJECT'S	S OPF:	Т			
NAME OF SUBJECT (Last, First, Mi	RANK SSN				N		MAIDEN NAME			
ANY NAME CHANGE MOS		DATE ARR U		USARAK	SARAK DATE AN		ND PLACE OF BIRTH			
REDUCTION IN RANK	TIME I	OST.		l i	OOES DA FOI	RM 196	6 C(ONTAIN DER	OGATORY INFORMATION?	
REDUCTION IN RANK () NO () YES (Provide a copy of the documents) TIME LOST () NO () YES				DOES DA FORM 1966 CONTAIN DEROGATORY INFORMATION? () NO						
MILITARY SERVICES TO INCLUD	DE DELAY	ED ENT	'RY PI	ROGRA	AM AND USA	AR/ARN	IG T	ΓΙΜΕ (List eac	ch enlisted, discharge data):	
IS ORIGINAL DA FORM 873 IN THE MPRJ? () NO () YES (Attach a copy)				IS DIS FO	IS DIS FORM 1 / DD FORM 398-2 / DD FORM 1584 IN THE MPRJ?					
						(SIC	NΛ	TUDE OF CED	RTIFYING OFFICER)	
ENCL						(310	NA.	TORE OF CER	(TIP-TING OFFICER)	
										